



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

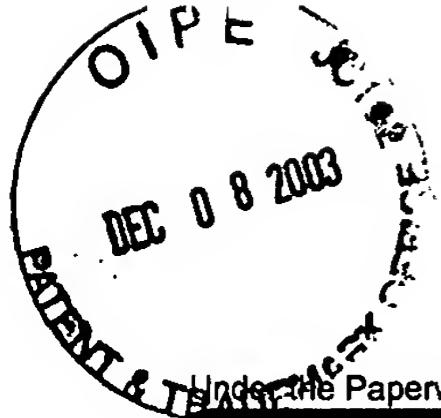
In re Application of:)
Jeff S. Eder) Examiner: Clement Graham
Serial No. 10/645,099) Art Unit: 3628
Filed: August 21, 2003)
For: AN AUTOMATED METHOD OF AND)
SYSTEM FOR IDENTIFYING,)
MEASURING AND ENHANCING)
CATEGORIES OF VALUE FOR A)
VALUE CHAIN)

PRELIMINARY AMENDMENT

Mail Stop Non-Fee Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir or Madam:

Prior to examination of the above-referenced application, the Applicant respectfully requests the Examiner to enter the following amendments.



12-09-03

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
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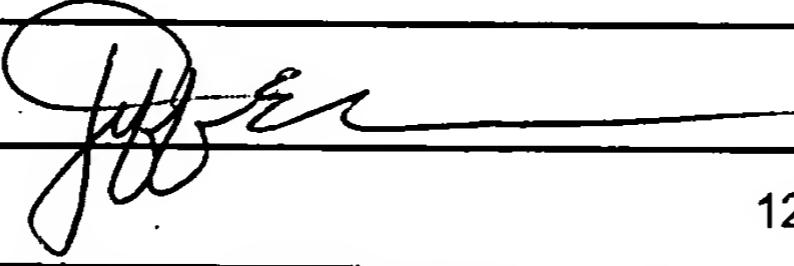
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		Application Number	10/645,099
		Filing Date	08/21/2003
		First Named Inventor	Jeff Eder
		Group Art Unit	3628
		Examiner Name	Clement Graham
Total Number of Pages in This Submission	9	Attorney Docket Number	VM-55

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Preliminary amendment
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeff Eder
Signature	
Date	12/08/2003

CERTIFICATE OF MAILING

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